

Related DDT

VERNON C. BROWN, JR.  
NAME#T-15629  
PRISON IDENTIFICATION/BOOKING NO.NEW FOLSOM STATE PRISON  
ADDRESS OR PLACE OF CONFINEMENT

Note: It is your responsibility to notify the Clerk of Court in writing of any change of address. If represented by an attorney, provide his or her name, address, telephone and facsimile numbers, and e-mail address.



Fee Due

**UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA**

VERNON CASTLE BROWN, JR III, JR.  
FULL NAME (Include name under which you were convicted)

Petitioner,

v.

JEFF LYNCH (SAC) - PRISON  
NAME OF WARDEN, SUPERINTENDENT, JAILOR, OR AUTHORIZED  
PERSON HAVING CUSTODY OF PETITIONER

Respondent.

CASE NUMBER:

CV 22-2828-CAS (AS)  
To be supplied by the Clerk of the United States District Court

☐ AMENDED

**PETITION FOR WRIT OF HABEAS CORPUS  
BY A PERSON IN STATE CUSTODY  
28 U.S.C. § 2254**

PLACE/COUNTY OF CONVICTION \_\_\_\_\_  
PREVIOUSLY FILED, RELATED CASES IN THIS DISTRICT COURT  
(List by case number)  
CV T-15629.  
CV \_\_\_\_\_

**INSTRUCTIONS - PLEASE READ CAREFULLY**

1. To use this form, you must be a person who either is currently serving a sentence under a judgment against you in a California state court, or will be serving a sentence in the future under a judgment against you in a California state court. You are asking for relief from the conviction and/or the sentence. This form is your petition for relief.
2. In this petition, you may challenge the judgment entered by only one California state court. If you want to challenge judgments entered by more than one California state court, you must file a separate petition for each court.
3. Make sure the form is typed or neatly handwritten. You must tell the truth and sign the form. If you make a false statement of a material fact, you may be prosecuted for perjury.
4. Answer all the questions. You do not need to cite case law, but you do need to state the federal legal theory and operative facts in support of each ground. You may submit additional pages if necessary. If you do not fill out the form properly, you will be asked to submit additional or correct information. If you want to submit a legal brief or arguments, you may attach a separate memorandum.
5. You must include in this petition all the grounds for relief from the conviction and/or sentence that you challenge. You must also state the facts that support each ground. If you fail to set forth all the grounds in this petition, you may be barred from presenting additional grounds at a later date.
6. You must pay a fee of \$5.00. If the fee is paid, your petition will be filed. If you cannot afford the fee, you may ask to proceed *in forma pauperis* (as a poor person). To do that, you must fill out and sign the declaration of the last two pages of the form. Also, you must have an authorized officer at the penal institution complete the certificate as to the amount of money and securities on deposit to your credit in any account at the institution. If your prison account exceeds \$25.00, you must pay the filing fee.
7. When you have completed the form, send the original and two copies to the following address:  
Clerk of the United States District Court for the Central District of California  
United States Courthouse  
ATTN: Intake/Docket Section  
255 East Temple Street, Suite TS-134  
Los Angeles, California 90012

VERNON C. BROWN, JR.  
Petitioner

JEFF LYNCH (WARDEN)  
Respondent(s)

**DECLARATION IN SUPPORT  
OF REQUEST  
TO PROCEED  
IN FORMA PAUPERIS**

I, Vernon C. Brown, Jr., declare that I am the petitioner in the above entitled case; that in support of my motion to proceed without being required to prepay fees, costs or give security therefor, I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefor; that I believe I am entitled to relief.

1. Are you presently employed? ☐ Yes ☐ No

a. If the answer is yes, state the amount of your salary or wages per month, and give the name and address of your employer. \_\_\_\_\_

b. If the answer is no, state the date of last employment and the amount of the salary and wages per month which you received. \_\_\_\_\_

2. Have you received, within the past twelve months, any money from any of the following sources?

- a. Business, profession or form of self-employment? ☐ Yes ☐ No
- b. Rent payments, interest or dividends? ☐ Yes ☐ No
- c. Pensions, annuities or life insurance payments? ☐ Yes ☐ No
- d. Gifts or inheritances? ☐ Yes ☐ No
- e. Any other sources? ☐ Yes ☐ No

If the answer to any of the above is yes, describe each source of money and state the amount received from each during the past twelve months: \_\_\_\_\_

3. Do you own any cash, or do you have money in a checking or savings account? (Include any funds in prison accounts)  
☐ Yes ☐ No

If the answer is yes, state the total value of the items owned: \_\_\_\_\_

4. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property? (*Excluding ordinary household furnishings and clothing*) ☐ Yes ☐ No

If the answer is yes, describe the property and state its approximate value: \_\_\_\_\_

5. List the persons who are dependent upon you for support, state your relationship to those persons, and indicate how much you contribute toward their support: \_\_\_\_\_

I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_  
Date

Vernon C. Brown, III  
Signature of Petitioner

#### CERTIFICATE

I hereby certify that the Petitioner herein has the sum of \$ \_\_\_\_\_ on account to his credit at the \_\_\_\_\_ institution where he is confined. I further certify that Petitioner likewise has the following securities to his credit according to the records of said institution: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Officer of Institution/Title of Officer



(6) Result \_\_\_\_\_

(7) Was an evidentiary hearing held? ☐ Yes ☐ No

11. Do you have any petitions now pending (i.e., filed but not yet decided) in any state or federal court with respect to this judgment of conviction? ☐ Yes ☐ No

If so, give the following information (and attach a copy of the petition if available):

(1) Name of court: \_\_\_\_\_

(2) Case number: \_\_\_\_\_

(3) Date filed (or if mailed, the date the petition was turned over to the prison authorities for mailing): \_\_\_\_\_

(4) Grounds raised (list each):

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

(d) \_\_\_\_\_

(e) \_\_\_\_\_

(f) \_\_\_\_\_

12. Are you presently represented by counsel? ☐ Yes ☐ No

If so, provide name, address and telephone number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHEREFORE, petitioner prays that the Court grant petitioner all relief to which he may be entitled in this proceeding.

\_\_\_\_\_  
Signature of Attorney (if any)

I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_  
Date

Ver C. Brown  
Signature of Petitioner



CALIFORNIA DEPARTMENT of  
Corrections and Rehabilitation

## CLAIMANT GRIEVANCE RECEIPT ACKNOWLEDGMENT

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**Offender Name:** BROWN, VERNON C.

**CDC#:** T15629

**Date:** 04/20/2022

**Current Location:** SAC-Facility A

**Current Area/Bed:** A 006 1011001U

**From:** Office of Grievances at California State Prison, Sacramento

**Re:** Log # 000000247354

The California Department of Corrections and Rehabilitation Office of Grievances at California State Prison, Sacramento received your grievance on 04/20/2022. Your grievance has been assigned for review and response.

Pursuant to California Code of Regulations, title 15, the Office of Grievances will complete its review no later than 06/20/2022.

Please be informed that the Office of Grievances will not respond to any inquiries about the status of a grievance prior to the date shown above.

CDCR SOMS OGTT300  
CLAIMANT GRIEVANCE RECEIPT ACKNOWLEDGMENT

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

**GRIEVANCE**

CDCR 602-1 (03/20)

CSP-SAC APPEALS Page 1 of 2  
APR 20 '22 AM 9:58**STAFF USE ONLY**

Grievance #: 247354 Date Received: \_\_\_\_\_  
 Date Due: \_\_\_\_\_  
 Categories: \_\_\_\_\_

*This is the process to ask for help with a complaint.*

Claimant Name: VERNON L. BROWN, JR. CDCR #: T-15629 Current Housing/Parole Unit: A-UNIT  
 Institution/Facility/Parole Region: SACRAMENTO REGIN.

In order for the Department to understand your complaint, make sure you have answered the following questions:

- What is the nature of your complaint?
- When and where did the complaint occur?
- Who was involved?
- Which specific people can support your complaint?
- Did you try to informally resolve the complaint?
- What rule or policy are you relying on to make your complaint?
- Are there documents that would be helpful to support your position? List the documents if you do not have them. Please note that documents submitted with this form will not be returned.
- What specific action would resolve your complaint?

"(CASE LAW)" THE U.S. VS. VS. V. THE UNITED STATES (1919.1.)-1.

STATE OF CALIFORNIA  
**GRIEVANCE**  
CDCR 602-1 (03/20)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 2 of 2

**Reminder:** Please attach all documents in your possession that support your claim(s).

Please note that this form and supporting documents will not be returned to you.

**Claimant Signature:** *Veronica R. III* **Date Signed:** \_\_\_\_\_

**DISTRIBUTION**      **Original:** Offender's File      **Copies:** DAI, DAPO, and Offender



**SUPREME COURT OF THE UNITED STATES  
OFFICE OF THE CLERK  
WASHINGTON, DC 20543-0001**

March 8, 2022

Vernon Castle Brown  
#T-15629  
CSP Sacramento  
P.O. Box 290066  
Represa, CA 95671

RE: Court documents

Dear Mr. Brown:

In reply to your letter or submission, received March 8, 2022, I regret to inform you that the Court is unable to assist you in the matter you present.

Under Article III of the Constitution, the jurisdiction of this Court extends only to the consideration of cases or controversies properly brought before it from lower courts in accordance with federal law and filed pursuant to the Rules of this Court.

Due to the individual's repeated filings to this Court concerning documents that are not contrued to be a petition for a writ of certiorari, the Clerk's office will be discarding future filings from the individual regarding the same documents.

Your papers are herewith returned.

Sincerely,  
Scott S. Harris, Clerk  
By:

  
Susan Frimpong  
(202) 479-3039

Enclosures



STATE OF CALIFORNIA

**RENEWAL OF INVOLUNTARY MEDICATION PETITION (PENAL CODE 2602)**

CDCR MH-7368-1 (03/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Form: Page 1 of 1

Instructions: Page 2

## Renewal of Involuntary Medication Petition

Inmate Name (Last): <u>BROWN</u>	(First): <u>VERNON</u>	CDCR #: <u>T15629</u>	PID #: <u>11910215</u>
Date: <u>2-24-2022</u>	Institution: <u>CSP-SAC</u>	Bed/Cell/Dorm: <u>B5-212</u>	
Age: <u>46</u>	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Interpreter: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Language: <u>English</u>

**NOTICE OF INTENT TO SEEK RENEWAL OF INVOLUNTARY MEDICATION**

The clinical staff of the institution shown above allege that you continue to have a serious mental illness or disorder. As set forth in the attached declaration, your behaviors and symptoms meet the legal criteria for danger to self, danger to others, or grave disability. These symptoms are currently being moderated by court-ordered psychiatric medication. A judge has previously ordered you to take psychiatric medication for these condition(s). The clinical staff of this institution alleges that, without said medication, you would revert to your previously qualifying condition(s) and, as specified in the attachments, you have by either your statements or behaviors shown a lack of sufficient insight to manage your illness without a PC 2602 order. You will therefore be brought in front of an Administrative Law Judge, who will decide whether you should continue to be given psychiatric medication on an involuntary basis.

**PENAL CODE 2602 ORDERED MEDICATION STATUS**

Your current order for involuntary psychiatric medication expires on: 6-16-2022

**RENEWAL HEARING**

Hearing Date and Time: <u>5-11-2022 @ 0900 HOURS</u>	Hearing Institution: <u>CSP-SAC</u>
Attorney Name: <u>STEPHEN ATKINS</u>	Attorney Address: <u>290 E. L STREET SUITE 363</u>
Attorney Phone: <u>(707) 321-8571</u>	<u>BENICICA, CA 94510</u>

**Renewing Psychiatrist:**

Name and Title (Print): W. HALLORAN, MD

**RENEWAL BASIS**

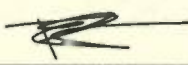
1. The basis for involuntary medication in the prior order is marked below.
2. Based on clinical judgment and observation, except for medication resulting from the current order, it is alleged that the above-entitled patient would be: (mark all that apply)
 

☐ Danger to self
 ☒ Danger to others
 ☒ Grave disability and lacks capacity to refuse treatment

**SERVICE**

I declare under penalty of perjury that I delivered a copy of this notice, a copy of the form "CDCR MH-7366 Inmate Rights Notice - Involuntary Medication", and any related paperwork such as exhibits or attachments, to the attorney listed in the "Renewal Hearing" section above, and to the patient on the date shown below.

**Person Delivering Petition:**

Name and Title (Print): P. GONZALEZ, MCA / CC II Signature:  Date: 3/2/2022

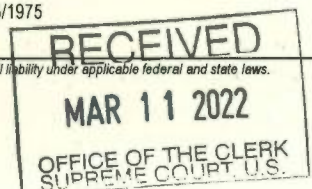
<b>1. Disability Code:</b> <input type="checkbox"/> TABE score ≤ 4.0 <input type="checkbox"/> DPH <input type="checkbox"/> DPV <input type="checkbox"/> LD <input type="checkbox"/> DPS <input type="checkbox"/> DNH <input type="checkbox"/> DNS <input type="checkbox"/> DDP <input checked="" type="checkbox"/> Not Applicable	<b>2. Accommodations:</b> <input checked="" type="checkbox"/> Additional Time <input type="checkbox"/> Equipment <input type="checkbox"/> SLI <input type="checkbox"/> Louder <input checked="" type="checkbox"/> Slower <input checked="" type="checkbox"/> Basic <input type="checkbox"/> Transcribe <input type="checkbox"/> Other*	<b>3. Effective Communication:</b> <input checked="" type="checkbox"/> Patient asked questions <input checked="" type="checkbox"/> Patient summed information  Please check one: <input type="checkbox"/> Not Reached* <input checked="" type="checkbox"/> Reached <small>*See chrono/notes</small>	CDCR #: <u>T15629</u> Last Name: <u>BROWN</u> MI: _____ First Name: <u>VERNON</u> DOB: <u>9/5/1975</u>
<b>4. Comments:</b> <u>TABE: 7.5; DDP: NCF; DPP: NONE</u>			

Unauthorized collection, creation, use, disclosure, modification, or destruction of personally identifiable information and/or protected health information may subject individuals to civil liability under applicable federal and state laws.

DISTRIBUTION: Original: Health Records Copies: Patient, MCA, patient's attorney, OLA, OAH

eUHR SCANNING LOCATION: MHChrono/Misc-Legal/Other; 7363 Notice of Certification for Involuntary Medication

EHR LOCATION: Mental Health Documentation > Legal



## DECLARATION IN SUPPORT OF RENEWAL OF INVOLUNTARY MEDICATION #100

Form: Page 2 of 5

CDCR MH-7368-2 (03/17)

Instructions: Page 6

## Declaration in Support of Renewal of Involuntary Medication

a. In my professional opinion, without involuntary psychiatric medications the patient listed would continue to exhibit the behaviors set forth in response 5 above and are the basis for a new finding of danger to self, danger to others, or grave disability based upon fresh facts.

7. Pursuant to the existing court order, a licensed psychiatrist treating this patient has prescribed for the patient one or more psychiatric medications for the treatment of the patient's serious mental illness, has considered the risks, benefits, and treatment alternatives to involuntary medication, and has determined that the treatment alternatives to involuntary medication are unlikely to meet the needs of the patient.

8. I have advised the patient of the risks and benefits, and treatment alternatives to the psychiatric medication(s) and the patient refused, did not have the capacity, or was unable to consent to the administration of the medication.

9. The expected benefits of this medication to the patient are:

Help the IP to continue to remain mentally stable and maintain control over his mental faculties to allow him to function and properly and program appropriately.

10. Potential side effects and risks to the patient from the medication, and any alternatives to treatment with the medication include:

There are two major categories of possible side effects from the medications. The first is a possibility of motor difficulties such as muscle spasms and dis-coordination. This is usually treatable by reducing or changing the medication or adding a medication to counter the side effect. However there are rare cases where the spasm becomes chronic. That condition is known as Tardive Dyskinesia.

The second major possible side effect is known as Metabolic Syndrome. This is a condition where the IP's serum glucose and/or serum lipide become elevated. The elevated glucose can result in a Diabetes II type picture. The elevated serum lipids can result in a hyperlipidemia that can result in cardiovascular problems. These major side effects are monitored regularly with clinical and with laboratory evaluations. If signs of these side effects are seen, treatment is then initiated.

He is also taking lithium. The possible side effects of lithium include damage to the thyroid and possibly the kidneys also. The IP is checked via yearly laboratory evaluation as well as clinical evaluations.

Declaration in Support of Renewal of Involuntary Medication  
CDCR MH-7368-2 (03/17)

CDCR #: T15629

Last Name: Brown

MI:

First Name: Vernon

DOB: 9/5/1975

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DISTRIBUTION: Original: Health Records Copies: MCA

eUHR SCANNING LOCATION: MHChrono/Misc-Legal/Others; 7363 Notice of Certification for Involuntary Medication

EHRs LOCATION: Mental Health Documentation > Legal



Declaration in Support of Renewal of Involuntary Medication		
11. I met with the above listed patient on 2/24/2022 at SAC and administered a standardized PC 2602 renewal questionnaire (below). The patient's responses are set forth as follows:		
a. Ask the patient if s/he believes s/he has a serious mental illness. Response: He said "I don't have a mental illness".		
b. Ask the patient to describe behaviors or acts which led to this involuntary medication order being put in place. Response: He said "I get in struggles sometime".		
c. Ask the patient to describe what s/he believes to be the main or most important signs or symptoms of his or her serious mental illness, when s/he is not on medication, or when the illness is active or not in remission. Response: He said "I don't have a mental illness. I don't have none of that".		
Declaration in Support of Renewal of Involuntary Medication CDCR MH-7368-2 (03/17)		CDCR #: T15629 Last Name Brown MI: First Name: Vernon DOB: 9/5/1975

**DECLARATION IN SUPPORT OF RENEWAL OF INVOLUNTARY MEDICATION**

CDCR MH-7368-2 (03/17)

**Declaration in Support of Renewal of Involuntary Medication**

d. Ask the patient if s/he would take all clinically indicated psychiatric medications without a court order. Response:

He said "Yes".

e. Ask the patient to summarize his or her current medications and what effect they have. Response:

He said "They don't do anything".

f. Ask the patient what s/he believes or thinks would happen if s/he stopped psychiatric medication? Does s/he believe his or her behavior or thoughts would change if s/he stopped psychiatric medication? Response:

He said "Nothing".

g. Ask the patient to identify what, if any, conditions set off or cause his or her psychiatric symptoms, behaviors, or thoughts. Response:

He said "I don't have any of that".

**Declaration in Support of Renewal of Involuntary Medication**

CDCR MH-7368-2 (03/17)

CDCR #: T15629

Last Name: Brown

MI:

First Name: Vernon

DOB: 9/5/1975

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**DISTRIBUTION:** Original: Health Records Copies: MCA

**eUHR SCANNING LOCATION:** MHChrono/Misc-Legal/Others; 7363 Notice of Certification for Involuntary Medication

**EHRS LOCATION:** Mental Health Documentation > Legal



Declaration in Support of Renewal of Involuntary Medication

ask the patient how does s/he think his or her mental illness should be treated? What kind of treatment does s/he think is important to control the symptoms of his or her illness? Response:

I " I don't have a mental illness. I could just program without anything".

12. Based on the facts and diagnosis indicated above, my review of documents both in the treatment team profile of this patient and in the chart, and the patient's responses to the interview questions, it is my opinion that without psychiatric medication the patient would revert to the behaviors that were the basis for the initial petition in this matter.
13. In my opinion, the patient lacks the necessary insight to manage his or her own medication regimen. My opinion is based on my review of the clinical charting, medication administration records, the patient's statements over the course of the last 12 months, as well as patient interview and information on the historical course of the patient's serious mental illness, as documented on the provided Institutional Treatment Team Profile or Renewal PC 2602 Patient, which is incorporated herein by reference.
14. Based on the behaviors and symptoms indicated above, it is my opinion that as the result of a serious mental illness, the patient remains a (mark all that have been documented):
- ☐ Danger to self ☒ Danger to others ☒ Gravely disabled and lacking capacity to accept or refuse medications
15. In my opinion, there is no less restrictive alternative than renewal of the current court order. I request renewal of the order.

I declare under penalty of perjury that the foregoing is true and correct.

Date: Feb 24 2022, in the City of Repressa, California, in the County of Sacramento

Print Name and Title: W.Halloran,MD

Signature:

William.  
Halloran

Digitally signed by  
William.Halloran  
DN: cn=William.Halloran,  
o=CDCR, ou=Mental  
Health,  
email=William.Halloran@  
cdcr.ca.gov, c=US  
Date: 2019.02.11  
10:26:36 -08'00'

Declaration in Support of Renewal of Involuntary Medication  
CDCR MH-7368-2 (03/17)

CDCR #: T15629

Last Name: Brown

MI:

First Name: Vernon

DOB: 9/5/1975

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EHRS LOCATION: Mental Health Documentation > Legal



CALIFORNIA

## RIGHTS NOTICE - INVOLUNTARY MEDICATION

(Rev. 04/19)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Form: Page 1 of 1

Instructions: Page 2

**YOUR RIGHTS REGARDING INVOLUNTARY PSYCHIATRIC MEDICATIONS WHILE IN PRISON**

**Emergency Medication Procedure: Hearing Within 21 Days of being served.** If a psychiatrist has determined that you require psychiatric medication on an emergency basis and you will not or cannot consent to take that medication on a voluntary basis, your clinician must sign and file with the Office of Administrative Hearings a form CDCR 7363 (Rev. 04/19) Involuntary Medication Notice no later than 72 hours after the initial medication, advising that you have been given medication on an involuntary basis.

**Emergency Medication Procedure: Right To Attorney.** At the time you receive this form, the law requires that an attorney be appointed. The name of your appointed attorney is written on Form CDCR 7363 (Rev. 04/19), Involuntary Medication Notice which is the form used to initiate involuntary medication. The law requires that you be given a copy of this paperwork.

☐ **Emergency Medication Procedure: 2 Business Days To Object To Being Medicated Pending Your Full Hearing.** At the time involuntary medication is initiated, you, or your appointed attorney, have two business days to file a written objection to being medicated on an interim basis pending your full hearing in front of a judge. You may send your written objections to the Office of Administrative Hearings, 2349 Gateway Oaks, Suite 200, Sacramento, CA 95833.

☒ **Inmate Rights Under Penal Code Section 2602 – Administration of Psychiatric Medication – All Hearings.**

- ☒ If a psychiatrist determines that you should be required to take psychiatric medications to address a serious mental illness and you either will not lack the capacity to consent, you have the right to a timely hearing in front of an administrative law judge, conducted in an impartial and informal
- ☒ You have the right to an attorney to represent you in the mental health hearing, and, assuming you cannot afford an attorney, by default, an attorney will be appointed to represent you;
- ☒ You must be physically present at your hearing unless you waive your presence either in person, through your attorney, or through an agent of the court (such as the Medication Court Administrator). Your waiver of your right to appear at the hearing will only be granted if the judge finds that you have knowingly, intelligently, and voluntarily waived your right to appear at the hearing;
- ☒ You have the right to present evidence, call witnesses, and testify on your own behalf;
- ☒ Your attorney shall have access to your medical records and files, but not the confidential portion of your C-file;
- ☒ You have the right to have your attorney cross-examine the psychiatrist and other persons who allege that you have a serious mental illness and need to be involuntarily medicated;
- ☒ You have the right to 21-days-notice of a non-emergency hearing, or renewal hearing, unless your attorney agrees to a different time period;
- ☒ Non-emergency hearings must be held within 30 days after the filing of notice with the Office of Administrative Hearings, unless a different time period is agreed to by your attorney.

☒ **Post-Hearing Remedies.** If you disagree with the ruling of the administrative law judge, you may file *in propria persona* a petition for writ of administrative mandamus pursuant to California Code of Civil Procedure 1094.5, or you may file a petition for writ of habeas corpus with the superior court in the county in which you are confined or in the county in which the case was heard.

☒ **Reconsideration.** You have a right to file one motion for reconsideration over the course of a year if a judge has determined that you should receive involuntary medication, and may seek to present new evidence, upon good cause shown.

☒ **Privacy.** Your relatives are not notified of this proceeding. If you want them notified, advise the Medication Court Administrator and provide contact instructions and a release of information form.

☒ **Duration.** Medication orders last for one year. If renewal is sought you will be notified for a further hearing.

**Person Explaining These Rights To Inmate:**

Printed Name

Signature

Date Signed

P. GONZALEZ; MCA / CC II

Mar 2, 2022

**1. Disability Code**

- ☐ TAFE score  $\leq$  4.0
- ☐ DPH ☐ DNH
- ☐ DPS ☐ DDP
- ☐ DPV ☐ LD
- ☒ Not Applicable

**2. Accommodations**

- ☒ Additional Time
- ☐ Equipment
- ☐ Louder
- ☐ Louder
- ☐ Basic
- ☐ SLI
- ☒ Slower
- ☐ Transcribe
- ☐ Other

**3. Effective Communication**

- ☒ Patient asked questions
- ☒ Patient summed information
- Please check one:
- ☐ Reached ☒ Not Reached
- \* See chrono/notes

CDCR #:

T15629

LAST NAME:

BROWN

FIRST NAME:

VERNON

DOB:

9/5/1975

MI:

4. Comments: TAFE: 7.5; DDP: NCF; DPP: NONE

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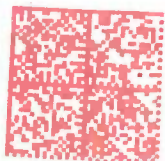
DISTRIBUTION:  
SCANNING LOCATION:  
EHR'S LOCATION:

VERNON C. BROWN JR. #T-15629  
 NEW Folsom STATE Prison A-6-11 Upper  
 P.O. Box 29-0066  
 100 ROAD.  
 REPRESA, CALIFORNIA 95671-0066



Prison Generated Mail  
 CSP-SACRAMENTO

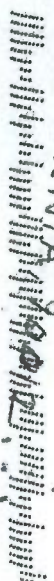
CONFIDENTIAL MAIL.



USPS  
 ZIP 95630 \$000.00  
 02 4M  
 0000338428 APR 22 2022



3001233547 0032



UNITED STATES DISTRICT COURT  
 CENTRAL DISTRICT CALIFORNIA  
 255 EAST TEMPLE STREET  
 LOS ANGELES CALIFORNIA 90018  
 180

RD 4/21/22  
#95126